

ALTERED MENTAL STATUS													
ADULT	PEDIATRIC (≤34KG)												
BLS													
<ul style="list-style-type: none"> • Universal Protocol #601 • Evaluate and treat for possible cause, see notes • Assist with self-administration of Oral Glucose in the awake patient with suspicion of diabetic reaction 	Same as Adult												
BLS Optional													
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602													
ALS Standing Orders													
<p style="text-align: center;">With Blood Glucose < 60 mg/dL</p> <p>Stable</p> <ul style="list-style-type: none"> • Oral Glucose 15 Gm assist with self-administration, repeat as needed <p>Unstable</p> <ul style="list-style-type: none"> • Dextrose 10% (250mL bag) 150 mL IV <ul style="list-style-type: none"> ○ Recheck blood glucose level after 5min ○ If BG <60mg/dL - repeat 100 mL IV bolus <li style="text-align: center;">Or • Dextrose 50% 25 Gm (50 mL) slow IV <li style="text-align: center;">Or • Glucagon 1 mg IM if unable to establish IV after 2 attempts 	<p style="text-align: center;">With Blood Glucose < 60 mg/dL (Newborn < 40 mg/dL)</p> <p>Stable – Same as adult</p> <p>Unstable</p> <ul style="list-style-type: none"> • Dextrose 10% (250 mL bag) - 0.5 Gm/kg (5 mL/Kg) IV not to exceed 150 mL <ul style="list-style-type: none"> ○ A syringe may be utilized for administering small volumes < 50 mL ○ Recheck blood glucose level after 5min ○ If BG <60mg/dL - repeat 0.5 Gm/kg (5 mL/Kg) IV- not to exceed 100 mL <li style="text-align: center;">Or • Dextrose 25% 0.5 Gm/kg (2 mL/kg) slow IV (see dilution preparation below) <li style="text-align: center;">Or • Glucagon 0.1 mg/kg IM not to exceed 1 mg if unable to establish IV after 2 attempts 												
Base Hospital Orders Only													
<ul style="list-style-type: none"> • As needed 	<ul style="list-style-type: none"> • As needed 												
Notes													
<ul style="list-style-type: none"> • Assisting a patient with Oral Glucose requires they be awake, able to swallow, and follow commands • Dextrose 10% may be administered via IV drip tubing at an open (rapid) rate • Pediatric dilution of Dextrose 50% when 25% pre-package is unavailable <ul style="list-style-type: none"> ○ Use a 250 mL bag NS and remove/discard 200 mL of NS ○ Add 50 mL of Dextrose 50% ○ Verify total bag volume = 100 mL ○ This concentration is now approximately 0.25 Gm/mL or 25% Dextrose • Evaluate for possible causes and refer to appropriate treatment protocol: <table style="width: 100%; border: none;"> <tr> <td>○ A – alcohol</td> <td>○ E – epilepsy</td> <td>○ I – insulin</td> </tr> <tr> <td>○ O – overdose/low oxygen (hypoxia)</td> <td>○ U – uremia</td> <td></td> </tr> <tr> <td>○ T – trauma</td> <td>○ I – infection</td> <td>○ P – psychiatric</td> </tr> <tr> <td></td> <td></td> <td>○ S - stroke</td> </tr> </table> 		○ A – alcohol	○ E – epilepsy	○ I – insulin	○ O – overdose/low oxygen (hypoxia)	○ U – uremia		○ T – trauma	○ I – infection	○ P – psychiatric			○ S - stroke
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